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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Afghanistan

SUMMARY

The Executive Director recommends that the Executive Board approve:

(a) The country programme of Afghanistan for the period 1996 to 1999 in the amount of $24,000,000 from general resources, subject to the availability of funds, and $28,000,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $500,000 to fund the approved country programme for the period 1995 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Since 1979, the effects of war and civil conflict have caused the deaths of over 1 million people in Afghanistan. In addition, over 2.5 million people have been injured or disabled, some 6 million have been forced to flee as refugees and some 2 million more have been displaced internally. Over 500,000 women have been widowed. The nation's economy and infrastructure are in ruins.

2. Much has changed since the beginning of 1992, when the Kabul Government controlled major cities, and liberation movements, supported by cross-border operations, controlled rural areas. At that time, the country received extensive international assistance for both war and social services. Since then, the Kabul Government has fallen and the capital has been largely destroyed, with more than one half of its population displaced. International assistance has declined precipitously. Refugees are placed under pressure to return home, where they face uncertain security and employment and an absence of basic services.

3. A six-month relative lull in fighting was broken in and around Kabul in January 1994, with heavy loss of life and destruction continuing throughout the year in the capital and areas along its access routes. Elsewhere, the widespread fighting, which had erupted in 1992, largely ceased by mid-1994, with rival factions trying to resolve disputes. In major cities such as Herat, Mazar-i-Sharif and Jalalabad, populations have swelled, municipal and provincial administrations are being re-established and attempts are being made to re-establish services regionally.

4. Most Afghans live in poverty and insecurity. Accidents from land-mines remain frequent, especially affecting children. De-mining activities are under way in many areas, but it will take many years to clear one of the most heavily mined and unmapped landscapes in the world. Resources are limited for rebuilding and buying seeds, fertilizers, and tools. Roadblocks by commanders keep marketing of agricultural produce a mostly local affair. Even so, Afghans are trying to rebuild their homes and lives.

5. The present situation weighs especially heavily on the hopes and opportunities of women. Traditionally, an Afghan woman cares for an average of six children in addition to working in the fields. She seldom leaves the house or farm unless accompanied by her husband or another male family member. She is most likely illiterate and ignorant of basic preventive health practices. She is at risk from one of the highest maternal mortality rates in the world. Refugee movement and displacement during the past 15 years have exposed many Afghan women to knowledge beyond their village, awakening aspirations to education, employment and basic health services.

6. The woman who hopes to better her lot also knows that she must proceed with care. The war has brought a backlash against changes in women's status. The breakdown of civil order has resulted in new restrictions on women's mobility, arising as much from genuine fears for their security as from the traditional safeguarding of family honour. However, especially in urban areas, intense economic pressures on family survival increasingly offset the pressures which keep women at home. The traditional systems for the care of women by surviving male family members are under strain. Scarcity of jobs, delays in payment of salaries and inflation are creating pressures for women to earn income.

7. The situation of Afghan women and children has always been among the worst in the world. During the war years, perhaps 10 times as many children died from malnutrition and disease as from war-related causes. In 1993, the infant mortality rate was estimated at 165 per 1,000 live births, and the under-five mortality rate was estimated at 257 per 1,000 live births. Life expectancy at birth was estimated at 45 years. Maternal mortality was 640 per 100,000 live

births, with 99 per cent of births at home and only 9 per cent attended by trained personnel. Some 20 per cent of babies were born with low birth weight, and malnutrition in children under five years of age was above 20 per cent. Adult literacy was estimated at 29 per cent, but only 14 per cent for females. According to 1989 data, gross primary school enrolment was 32 per cent for boys and 17 per cent for girls, with subsequent declines following the collapse of services in the urban areas. In urban areas, access to safe water supplies was 40 per cent, in rural areas, 19 per cent.

8. In 1993 alone, over 279,000 children under five years of age may have died. For children under one year of age, estimated mortality from neonatal tetanus is over 40 deaths per 1,000 live births, and mortality from measles, diarrhoea and respiratory infections totals 100 per 1,000 live births. There is great demand for vaccination, basic health services, health education and schools for children, including girls. But governance is weak and without resources to respond to those demands.

9. There is among Afghans a concern that the world that generously supported them in a time of war is now abandoning them and their children. Afghans are looking for partners for the long journey ahead.

PROGRAMME COOPERATION, 1992-1995

10. The objectives of UNICEF cooperation, which includes the programme approved by the Executive Board in 1992 for the period 1992-1994 (E/ICEF/1992/P/L.23) and the one-year short-duration programme approved by the Board in 1994 for 1995 (E/ICEF/1994/P/L.22), have been to promote child survival, meet emergency relief needs, assist children and women in especially difficult circumstances and support the rehabilitation of essential services.

11. UNICEF moved its country office support functions to Peshawar, Pakistan, in 1992. Emergency assistance coordinated from Peshawar is delivered from Kabul and from other regional sub-offices. UNICEF work expanded in Kabul when international staff returned during the second half of 1993, but was constrained in 1994 by the imposition of a military blockade on supplies. Activities in the western provinces have been extensive since early 1993. In the northern provinces, wide-scale activities in 1993, affected by fighting in early 1994, have expanded again. Deliveries to northern and north-eastern provinces are supported through other field stations. Deliveries to the south-east were reduced significantly, after security problems April 1993, to be expanded only in 1995. International staff, withdrawn from Jalalabad and the eastern provinces following the murder of four United Nations and non-governmental organization (NGO) staff there in February 1993, returned in January 1994 in response to an influx of several hundred thousand displaced persons from Kabul. Through work from these regional bases, UNICEF has gathered experience and established credibility upon which to build future programmes.

Health

12. The expanded programme on immunization (EPI) was implemented in urban areas through government vaccinators, and in rural areas, mostly through NGOs. UNICEF brought the NGOs under a common policy umbrella, focusing on the vaccination of children under two years of age and the tetanus toxoid vaccination of women 15 to 45 years old and school girls. In 1993, some 450,000 children under two years of age were vaccinated against measles and received vitamin A supplements, while coverage with the anti-tuberculosis vaccine was 500,000 (46 per cent of children under two years of age). Approximately 250,000 children under two years of age received the third dose of combined diphtheria/pertussis/tetanus vaccine and three doses of oral poliomyelitis vaccine, and 330,000 women received the second dose of tetanus toxoid vaccine. Reductions in donor funding

to NGOs affected several NGOs whose activities included EPI, and other NGOs faced increasing logistical constraints on cross-border operations. Government EPI activities in urban areas were affected by the collapse of government services.

13. In 1994, UNICEF, in consultation with the Ministry of Public Health, donors and NGOs, reorganized EPI to operate from regional centres. District-level activities are replacing the reliance of NGOs on mobile teams supported from cross-border bases.

14. Emergency health assistance included the provision of repairs, supplies and equipment for services disrupted by conflict, including the rehabilitation of 18 hospitals and 37 health centres in Kabul, Mazar, Herat, Jalalabad, Faizabad, Bamyan and Kandahar; the provision of medical supplies for hospitals and clinics in 23 provinces; and the provision of 270 metric tons of diesel fuel for hospitals in 1993/1994. Medical supplies were provided for camps in Jalalabad and Mazar serving over 150,000 displaced people. Mini health centres were set up in 45 locations in Kabul for oral rehydration therapy (ORT), the treatment of acute respiratory infections (ARI), nutrition screening and chlorine distribution to disinfect household wells. Eight mobile clinics operated in Mazar for similar activities.

15. The Government oral rehydration salts (ORS) production facility in Kabul was destroyed in 1993. Imported ORS sachets were supplied to health facilities and through commercial pharmacies in Mazar-i-Sharif and Herat. In 1993 and 1994, UNICEF supplied drugs, ORS, infusions and other assistance to establish cholera treatment units, and supported the chlorination of over 60,000 wells in Kabul. Health training and education focused on the control of diarrhoeal diseases, with 131 doctors and nurses trained. Maternal and child health (MCH) training covered 339 medical staff, 65 traditional birth attendance (TBAs), 40 community health volunteers and 268 teachers and community leaders. UNICEF also supported a British Broadcasting Corporation educational radio drama, broadcast in Dari and Pashto languages, which incorporates child survival and development issues.

Nutrition

16. Emergency nutrition activities focused on displaced and refugee populations in 11 provinces, including feeding programmes at kindergartens, day-care centres, orphanages and drop-in centres. K-mix II, a specially formulated mixture for the treatment of kwashiorkor, was provided for feeding centres run by NGOs, along with high-protein rations for malnourished children and lactating mothers identified through nutrition screening and outreach activities in the cities. In the area of children in especially difficult circumstances (CEDC), 720 street children were assisted through three drop-in centres. NGOs working with 420 children also were assisted.

Water supply, environment and sanitation

17. Activities in water supply and sanitation focused on hospitals, clinics, schools, children's institutions and displaced populations in urban and peri-urban areas in 12 provinces. From 1992 until October 1994, UNICEF supported the installation of 762 hand-pumps and the repair of 807 hand-pumps; the drilling of 299 semi-deep wells and 18 deep wells; and the installation of 18.5 kilometres of piping for 170 public standposts. The water systems of major hospitals were repaired in Kabul, Mazar, Herat and Jalalabad. Over 600 latrines were constructed for schools and health clinics. New drilling rigs were provided to Ministry of Reconstruction and Rural Development teams in Kabul, Mazar and Herat, along with in-service training for 161 technicians, engineers, mechanics and surveyors. Cooperation with Swedish, Danish and Norwegian NGOs supported rural water supply activities. UNICEF also assisted water supply

activities by seven NGOs and the construction of 15,000 latrines for 150,000 displaced persons in camps near Jalalabad.

Education

18. Fighting and displacement reduced children's school attendance in Kabul and Mazar. UNICEF provided basic supplies, including kits for the production of teaching aids, for 15,000 classrooms. UNICEF has printed messages from Facts for Life on the covers of exercise books for 150,000 students, a prelude to pilot child-to-child activities.

19. Vocational training was interrupted in 1992 by the fall of the Government. However, sewing projects for 300 women in Herat and 100 women in Mazar got under way in 1994, and the participants have begun to discuss their problems and organize to improve their own situation.

Emergency relief

20. Emergency relief assistance included the provision of blankets and tarpaulins for displaced women and children. Emergency activities and appeals are coordinated under the United Nations Office for the Coordination of Humanitarian Assistance to Afghanistan (UNOCHA), based in Islamabad. UNOCHA manages fund-raising and coordination for mine clearance and awareness activities. UNICEF emergency operations include a radio and communications system, the costs of United Nations security coordination and the costs of operating a United Nations air transportation network. Security is overseen by the United Nations Development Programme Resident Representative based in Islamabad. Weekly security and United Nations inter-agency meetings provide a forum for sharing of information and coordination, and ad hoc working groups are convened to deal with specific problems. At regional levels within Afghanistan, there are similar arrangements for local coordination and maintaining close relations with NGOs.

Lessons learned

21. A 1992 study of social communication among Afghan women highlighted their lack of formal education and access to information. Customs limit their contacts to a very small immediate circle of related women and men. Communication initiatives are needed to bring information and skills to at least one woman in each of these small circles, as well as to reach influential men who are the "gatekeepers" of information that reaches women. With literacy rates declining and few resources, innovative, community-based approaches will be needed to expand non-formal and basic education opportunities for girls and women.

22. UNICEF, the Ministry of Public Health, major NGOs, key donors and the World Health Organization (WHO) developed a regional framework for the coordination of primary health care (PHC) and to optimize the impact of limited resources. This minimum PHC framework should strengthen regional coordination capacities, reduce competition and the overlap of services provided by NGOs, and strengthen the regional management of PHC. The country programme of cooperation proposed for the 1996-1999 period reflects that framework.

23. Past cooperation expanded access to safe water supplies for about 500,000 persons. When measured against population growth during the three years (1992-1994), this would barely maintain current low rates of access to safe water supplies. Progress towards the World Summit for Children goal of universal access to safe drinking water will require more community involvement and resource generation, education to increase demand, and sustainable approaches for communities, local authorities and the private sector.

24. CEDC activities reached only small numbers of children and carried a high cost per beneficiary in a country where nearly all children are in especially difficult circumstances. The new programme needs to integrate CEDC initiatives into all the programme thrusts. In particular, emergency nutrition activities have left untouched root problems such as the late introduction of supplementary foods and other infant and child-care practices that need to be addressed by the education and mobilization of women.

25. The situation of the population in Afghanistan is as bad as or worse than that of displaced populations residing in internationally-assisted camps. Resource allocations that favour immediate emergency needs tend to reward areas with continuing conflicts at the expense of those trying to rebuild for the longer term. Emergency assistance also may encourage a mentality of dependency because of indiscriminate assistance in the past. The new country programme needs to balance longer-term programmes with emergency activities so that emergency activities do not detract from longer-term goals for children.

26. Improving the situation of Afghan children and women can build upon positive aspects of the country's culture, values and experience - strong family structures, the emergence of leadership and Afghan pride. Region by region, building relationships with local authorities can expand possibilities for action by and for women and address longer-term rehabilitation and development priorities for Afghanistan's women and children.

Country programme preparation process

27. The United Nations Rehabilitation Strategy for Afghanistan was developed by the United Nations and representatives of the Government of Afghanistan during 1993 and provides a general framework of programming priorities. The reorganization of EPI and the development of the minimum PHC framework in 1994 with government officials, WHO, NGOs and donors led to health programme proposals suitable for country-wide implementation wherever security conditions allow. A similar group covered education. For other sectors, UNICEF, during the period 1993-1994, began to explore frameworks for women's development, education and water supply and sanitation, and linkages between these frameworks. In some cases, consultations were held with regional and local authorities and NGOs.

RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1995

Annual funding requirements
(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995
1995	5 500	500

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

28. The Afghanistan short-duration programme of cooperation for the period 1995 was approved by the Executive Board in 1994, with an allocation of $5,500,000 from general resources (E/ICEF/1994/P/L.22). Based on the availability of additional general resources and opportunities for the acceleration of programme implementation towards the reestablishment of basic services in peaceful areas, the annual ceiling of the country programme was increased by $500,000 in 1995. Consequently, the Executive Board is requested to approve additional general resources in the amount of $500,000 for 1995 to fund the programme up to the new approved ceiling.

29. Fighting in Kabul throughout most of 1994 displaced over 500,000 inhabitants who fled into neighbouring provinces and necessitated the creation of large camps for displaced families in Jalalabad (eastern region). Despite such set-backs to normalization in the capital and the need for a major emergency response to meet the needs of the displaced, many other parts of the country were peaceful, and local leadership (shouras) began efforts to re-establish basic services, especially in health and education. UNICEF worked closely with potential counterparts in those areas, and in 1994 began regionalizing management and cold-chain arrangements for its EPI and other PHC support. UNICEF also provided support for Afghan health authorities to implement a mass immunization campaign in November 1994. Public response was overwhelming, and such campaigns will be expanded in 1995. In 1995, UNICEF will strengthen regional programme development and implementation capacities, in order to be able to support rehabilitation in peaceful areas; to develop pilot programme activities to support communities' efforts in education and women's programmes; and to strengthen advocacy for children and women among emerging local leadership and counterpart institutions. The additional general resources of $500,000 will be used to strengthen staffing in existing programme bases and to establish new outreach bases for these activities.

RECOMMENDED PROGRAMME COOPERATION, 1996-1999

General resources : $24,000,000
Supplementary funding: $28,000,000

Recommended programme expenditures a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	9 820	14 585	24 405
Community education and development	5 940	9 460	15 400
Planning, advocacy and communication	1 780	1 605	3 385
Emergency response and rehabilitation	660	850	1 510
Programme support	5 800	1 500	7 300
Total	24 000	28 000	52 000

a/ The breakdown for estimated yearly expenditures and sectors is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Programme goals and objectives

30. Afghanistan has signed the Declaration of the World Summit for Children and has ratified the Convention on the Rights of the Child, but presently there is no central government capacity or resources for follow-up on implementation. The goal of the country programme is to use a regionally-based strategy to create a favourable environment for Afghanistan's pursuit of the goals of the World Summit for Children and for implementing the Convention on the Rights of the Child. A relatively more immediate overall objective is to empower Afghan communities to enhance the quality of life of women and children, and through them, of their families.

31. Specific objectives of the country programme include (a) to provide support for basic services to reduce the high mortality rates for children under five years of age and mothers; (b) to mobilize communities to provide basic education, especially for girls, and resources to achieve universal primary education; (c) to encourage and support communities' initiatives to strengthen women's capacities to contribute to family and social development; (d) to develop appropriate models and initiate community action to reduce water-borne and hygiene-related diseases; and (e) to strengthen forces in society favourable to enhancing the rights of the child.

Coverage

32. Communication and health activities will be implemented country-wide. Where local receptivity and security conditions will allow, at least one PHC facility will be supported in each district for EPI, essential drugs and training volunteer health sisters for health education activities. For education, water supply and sanitation and women's development, the target is to establish activities in at least one district of every province, as a basis for universal coverage. The scope of coverage for all programmes will depend on community receptivity, the availability of external resources and the security conditions. Emergency activities will continue in response to crises that threaten the immediate survival of women and children, especially in locations where the political and security situation does not allow rehabilitation and development activities.

Strategies

33. The activities for planning, advocacy and communication will cut across all programmes, focusing on advocacy, resource generation and the promotion of key messages through mass media related to the community's responsibility to address the needs of women and children. Planning activities will identify entry points to mobilize communities for the formulation and monitoring of area-based plans of action for children. In essence, planning activities will help to establish capacity and regional constituencies for future initiation of a national programme of action (NPA) for children that will respond to the World Summit goals.

34. A nation-wide service delivery strategy will focus on the achievement of universal child immunization as a basis to expand access to ORT, vitamin A and the control and treatment of ARI, and to promote the use of iodized salt. UNICEF support to NGOs and local governments will introduce a payment-for-service system for curative care and essential drugs. This should generate resources to cover operational costs and to establish traditions of local management. Community involvement in health and nutrition activities will have a strong focus on antenatal nutrition, reducing growth faltering in children aged six months to two years and improving practices for safe births and newborn care during home deliveries.

35. Area-based projects will explore the scope for community initiatives in education, women's activities and water supply, sanitation and hygiene. As related to achievement of the relevant goals of the World Summit for Children, strategies will emphasize community empowerment, i.e., mobilizing communities to better understand their own needs and to generate resources to address them. Selection of priorities will be decentralized and responsive to local needs and to opportunities and partnerships with communities and NGOs. For women's activities, advocacy will focus on gaining acceptance by men. The grouping of women's development activities in the same programme cluster with education and water supply activities will link assistance in the latter areas, much in demand by communities, to entry points to assist women. Close linkages to activities in health also will provide entry points for community action, and, in turn, strengthen community support for the health services. The involvement of regional and provincial government and NGO institutions will help to develop their capacities to replicate successes on a wider scale.

36. Emergency activities will be implemented under a separate programme, funded largely from supplementary funds and appeals, and implemented in close coordination with other United Nations agencies. External funding will need to be mobilized quickly should major emergencies arise to minimize the diversion of resources and personnel from the regular programme activities in peaceful zones. Material assistance will be complemented by community organization and education activities, as well as activities to strengthen local capacities to respond to emergencies.

Planning, advocacy and communication

37. The planning, advocacy and communication programme seeks to increase the motivation and capacity of Afghanistan's leadership and communities to address the needs of women and children. An initiative on women and children in Islam will support publications and seminars for Afghan religious leaders on Islamic thought regarding children and women, for example, information on health, hygiene and child care. A project on "children first" will publicize the goals of the World Summit for Children, the Convention on the Rights of the Child and how country programme activities relate to them. A project on mass media support for women and children will continue assistance for a radio drama and related activities in the print media, radio and other television broadcasts.

38. A communication support project will facilitate cross-sectoral coordination and implementation of communication activities within the country programme, including training for relevant government and NGO personnel; the development of distance learning activities to support health, education and water supply and sanitation programmes; and monitoring and evaluating the effectiveness of communication activities in all programmes.

39. A project on planning for women and children will develop advocacy activities and strategies for mobilizing communities to implement activities for children and women; introduce Afghan communities to methods of assessment, analysis and action for children; and increase capacities of regional and provincial authorities and NGOs to implement this model on a wider scale. Mid-term reviews, country programme preparation and monitoring and evaluation activities related to achieving World Summit goals also will be supported.

Health and nutrition

40. The objectives of the health and nutrition programme are to reduce morbidity and mortality among children under five years of age and to reduce maternal mortality. The strategy is to rebuild a service delivery system for PHC/MCH services for at least 60 per cent of the population. EPI and related activities will be instituted in at least one facility in each of Afghanistan's 328 districts. Assistance and monitoring will be managed by UNICEF sub-offices,

as well as by regional and provincial government and NGO personnel seconded to regional management teams. The coverage target is 80 per cent of infants through fixed-point outreach strategies and periodic measles and polio vaccination campaigns. Up to three doses of tetanus toxoid vaccine will be provided for mothers of the children who are vaccinated, and also through campaigns to reach newly-wed women. The EPI management, logistics and supervision system also will manage expansion of community-based education and services related to the control of ARI, vitamin A distribution and increasing the use of ORT to 80 per cent. Consequently, this component is called EPI Plus.

41. A project on the management of PHC/MCH services will strengthen government capacity at regional and provincial levels and support Ministry of Public Health efforts to increase the competency of managerial personnel. Regional management teams will train health personnel in micro-planning, management and supervisory skills in an effort to improve the coordination of health education and community mobilization activities, to develop regional training capacities and to strengthen information and monitoring systems. The regional management teams also will implement a project on community essential drugs to enhance basic curative care so that basic drugs are accessible and used appropriately. A Bamako Initiative approach will be introduced, using community resources for preventive care.

42. Regional management groups will train health workers on key MCH topics and prepare them to train TBAs and volunteer health sisters to implement improved antenatal and home delivery practices. In coordination with area-based women's projects, women's access to health and family planning services will be expanded. Improving care for obstetric emergencies will be a priority in assistance for rehabilitation of health institutions.

43. A nutrition project will assess the nutrition status of Afghan children and identify interventions to reduce growth faltering in children under two years of age. Activities will include the promotion of breast-feeding and timely supplementation, and "child feeding circles" as part of women's projects. Other activities will include assessments of antenatal nutrition; interventions to reduce micronutrient deficiencies; and the development of appropriate messages, for men and women, regarding women's dietary needs. A separate iodine deficiency disorders initiative will iodize salt being produced in three major salt production facilities and promote the consumption of iodized salt.

Community education and development

44. The programme will be implemented through seven area-based projects. Activities will relate to basic education, women's organization and action, and water supply, sanitation and hygiene. The objectives are to mobilize community support and resources for basic education, especially girls education; to increase women's opportunities and potential to contribute to family and social development; and to strengthen community capacities to reduce the incidence and effects of water-borne and hygiene-related diseases.

45. Activities will help communities to commit themselves and their own resources to achieving World Summit goals for basic education, water supply, sanitation and nutrition. Specific community education and development activities will be determined at regional and provincial levels by UNICEF and local governments through consultation and experimentation with communities. Initial contacts with communities will be linked with activities under the health and nutrition programme.

46. UNICEF will support the development of appropriate designs for community construction and the mobilization of resources for school buildings and rehabilitation. Local authorities, teachers and communities also will be supported to improve the quality of education activities through training on

Facts for Life and child-to-child messages, trauma recognition and intervention, and the promotion of peace and activities to encourage the enrolment and retention of girls. Other initiatives may include learning opportunities for older, out-of-school children denied education by war, and support for female teacher training, distance learning, or other approaches to increase primary education for girls.

47. Objectives related to organization and action for women are to strengthen community resolve and capacity to deal with the problems of women, especially widows. The strategy emphasizes action by women to promote communication among women on essential information, especially for widows and parents of children in especially difficult circumstances. Raising community consciousness about women's needs requires support from men, as well as support to form women's groups. Such groups would focus on concrete action acceptable to the community, such as the organization of child feeding groups to correct and prevent undernutrition; health education as an entry point for non-formal education; income generation, especially for widows; and communal child care and credit for working women.

48. Water supply, sanitation and hygiene activities will seek to mobilize communities and enhance their capacities to achieve access to safe water supplies and sanitation. Locally appropriate technologies will be emphasized, including the improvement and protection of current water sources; private sector initiatives; and education to improve water use, sanitation and hygiene. UNICEF support also will provide water supplies and sanitation for schools as an entry point for community education and action. Provincial and regional authorities, such as local departments of the Ministry of Reconstruction and Rural Development and NGOs, will be assisted to strengthen their capacities to support community initiatives, including information and monitoring systems.

49. The target is to develop at least one district-level initiative in each of seven regions by 1997, for 140,000 persons. A mid-term review will identify activities for more widespread replication, with a focus, in the second two years of the programme, on capacity-building for local authorities in each province.

Emergency response and rehabilitation

50. The objective is to respond to the emergency survival needs of women and children and to increase local self-reliance to meet those needs. Emergency activities will be implemented with emergency funding. UNICEF programme staff will support initial emergency assessment and response, but the country office will rely on regional and headquarters support for fund-raising and for the recruitment and quick assignment of short-term personnel.

51. As the emergency declines, refugees will return and overstrain local capacities. Emergency service delivery also will be needed should earthquakes, floods, landslides or other disasters threaten. Activities will include prepositioning of essential supplies in emergency-prone areas where snow, floods or other conditions would prevent seasonal access. UNICEF assistance for emergency responses could include medical supplies, water supply and sanitation, educational supplies, rebuilding of schools and emergency food rations for young children.

52. An additional objective is to strengthen regional capacities to meet the demands of emergencies. This would enhance regional preparedness to assess and respond to emergencies and improve coordination and contingency planning with local agencies and institutions. An implementation framework for ensuring that women's needs and perspectives are taken into account in emergency assessments and responses also would be developed.

Monitoring and evaluation

53. Statistics systems are virtually non-existent. As long as the conflict is widespread, large-scale sample surveys are not feasible, although local studies are possible where cooperation has established trust. In this context, data collection for the country programme will be built into project initiatives.

54. The PHC/MCH management support project will establish monitoring and analysis capacities at regional levels. EPI cluster surveys in selected localities will complement the information system and collect data on additional indicators related to communication and access to education, water supply and sanitation. UNICEF also will support experiments, such as the use of networks of mullahs to collect mortality statistics and other data related to the goals of the World Summit for Children.

55. Regional plans of action for children will be developed with local authorities and communities. There will be annual reviews of programme activities with regional officials and United Nations and NGO partners.

56. A mid-term evaluation in 1997 will assess progress and, where possible, focus future activities on a wide-scale replication of successful community initiatives. As soon as the present conflicts are resolved, UNICEF will work with the Government, other United Nations agencies and national NGOs to develop an NPA.

Programme management and coordination

57. Programme support includes staff costs; office operational costs, including sub-offices and field stations; use of United Nations aircraft and joint security arrangements; and operation of radio communication systems with field offices. For the 1996-1997 period, most of these costs will be allocated to general resources, until supplementary funding becomes available.

58. The role of subnational programming should be enhanced. A senior international staff presence remains necessary in major sub-offices. National staff should be strengthened in programme development and delivery capacity. More female staff would bring perspectives on the needs of Afghan women and enhance the UNICEF role in advocacy for Afghan women and children.

59. The country office was temporarily relocated from Kabul to Peshawar, Pakistan, for security reasons. Operational, supply and field support functions are being managed from Peshawar until conditions in Kabul allow a return of all staff. Programme staff based in Peshawar will spend about 60 per cent of their time in the sub-offices. International programme officers for education and for water supply and sanitation also will be outposted to sub-offices pending their return to Kabul. The Kabul office remains open as one of seven regional sub-offices. Provincial field outstations, supported by the regional sub-offices, will operate in at least six additional sites in 1996 to provide outreach to communities where adequate government channels do not exist.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Afghanistan	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	257	(1993)	Very high U5MR
Infant mortality rate	165	(1993)	Very high IMR
GNP per capita	$ 280	(1987)	Low-income GNP
Total population	20.6 million	(1993)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1993
Births	(thousands)	718	778	894	1086
Infant deaths (under 1)	(thousands)	142	142	149	179
Under-five deaths	(thousands)	230	218	232	279
Under-five mortality rate (per 1,000 live births)		320	280	260	257
Infant mortality rate (under 1) (per 1,000 live births)		198	183	167	165

		About 1980	Most recent
Underweight children (under 5) (% weight for age)	Moderate & severe	..	..
	Severe	..	..
Babies with low birth weight (%, 1979/1987)		20	20
Primary school children reaching grade 5 (%, 1980/1989)		62	43

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%)	..	..
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%)	..	..
Prevalence of stunting (0-59 mos.) (%)	..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	94	72
Total goitre rate	..	20
Household expenditure (% of total income) All food/cereals	..	.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1986/1992)		26	26
Access to health services	Total	..	29
(% of population, 1985)	Urban/rural	.. / ..	80 / 17
Access to safe water	Total	11	23
(% of population, 1980/1990)	Urban/rural	28 / 8	40 / 19
Access to adequate sanitation	Total	..	..
(% of population, 1985/1990)	Urban/rural	5 / ..	13 / ..
Births attended by trained personnel (%, 1989)			9
Maternal mortality rate (per 100,000 live births, 1989)		..	640

Immunization		1981	1985	1990	1993
One-year-olds (%) immunized against:	Tuberculosis	8	17	30	60
	DPT	3	15	25	34
	Polio	3	15	25	34
	Measles	6	14	20	42
Pregnant women (%) immunized against:	Tetanus	3	11	3	9

TABLE 1 (continued)

Afghanistan

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1989)	Total	34 / 29	24 / ..
	Male	54 / 46	32 / ..
	Female	12 / 11	17 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1989)	Total	10 / ..	8 / ..
	Male	16 / ..	.. / ..
	Female	4 / ..	.. / ..
Adult literacy rate, 15 years & older (%, 1979/1990)	Total	18	29
	Male/female	30 / 5	44 / 14
Radio/television sets (per 1,000 population, 1980/1991)		75 / 3	107 / 8

DEMOGRAPHIC INDICATORS		1970	1980	1990	1993	2000
Total population	(thousands)	13623	16063	16556	20547	26767
Population aged 0-15 years	(thousands)	6114	7262	7304	8650	12026
Population aged 0-4 years	(thousands)	2482	2650	2963	3744	4879
Urban population (% of total)		11.0	15.6	18.2	19.4	22.2
Life expectancy at birth (years)	Total	37	40	42	44	46
	Male	37	40	42	43	46
	Female	37	41	43	44	47
Total fertility rate		7.1	7.1	6.9	6.8	6.1
Crude birth rate (per 1,000 population)		52	50	51	52	45
Crude death rate (per 1,000 population)		27	24	23	22	19

		About 1980	Most recent
Contraceptive prevalence rate (%, 1976)		2.0	..
Population annual growth rate (%, 1965-1980/1980-1993)	Total	1.9	1.9
	Urban	5.3	3.6

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980)		0.6	..
Inflation rate (%)		..	..
Population in absolute poverty (%, 1977)	Urban/rural	18 / 36	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure)	Health/education	.. / ..	.. / ..
	Defence	..	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	.. / ..
Official development assistance: (1981/1992)	$US millions	23	174
	As % of GNP	1	..
Debt service (% of goods and services exports)		..	..

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1995 a/

COUNTRY: AFGHANISTAN
LATEST BOARD APPROVAL: 1994
GENERAL RESOURCES: $22 000 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health										9 350		8 760		18 110
Nutrition										950		480		1 430
Water supply and sanitation										2 000		6 260		8 260
Education										1 900		1 750		3 650
Women-centred programme										950		1 200		2 150
Children in especially difficult circumstances										1 000		1 250		2 250
Programme support										3 750				3 750
Emergency	6 887	6 097			4 110	958	4 041	928	15 038	2 100	7 983	1 200	23 021	3 300
GRAND TOTAL	6 887	6 097			4 110	958	4 041	928	15 038	22 000 b/	7 983	20 900 c/	23 021	42 900

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of December 1994.

b/ Includes general resources for the 1992-1994 programme (E/ICEF/1992/P/L.23) and a one-year extension programme for 1995 (E/ICEF/1994/P/L.22).

c/ Of this amount, $7 000 000 remains unfunded.

TABLE 3. PLANNED EXPENDITURE, 1996 - 1999

(In thousands of United States dollars)

Country: AFGHANISTAN **Period covered: 1996 - 1999**	**Funding status**	**1996**	**1997**	**1998**	**1999**	**Total**
Health and nutrition	GR	2 470	2 450	2 450	2 450	9 820
	NSF	3 425	3 460	4 050	3 650	14 585
Community education and development	GR	1 420	1 460	1 490	1 560	5 940
	NSF	1 565	1 630	2 945	3 320	9 460
Planning, advocacy and communication	GR	430	420	490	440	1 780
	NSF	410	360	405	430	1 605
Emergency response and rehabilitation	GR	170	170	170	150	660
	NSF	250	200	200	200	850
Programme support	GR	1 500	1 500	1 400	1 400	5 800
	NSF	350	350	400	400	1 500
TOTAL	GR	6 000	6 000	6 000	6 000	24 000
	NSF	6 000	6 000	8 000	8 000	28 000
GRAND TOTAL		12 000	12 000	14 000	14 000	52 000

GR = General resources.
NSF = New programmes for supplementary funding.